

**HEALTH SERVICES AND DEVELOPMENT AGENCY
SPEAKER'S FORM**

COMPLETE THIS FORM IF YOU WANT TO SPEAK AT TODAY'S MEETING OR HAVE YOUR ATTENDANCE ON FILE WITH THE AGENCY.

PLEASE PRINT LEGIBLY

MEETING DATE: June 24, 2020

NAME: Michael D. Brent

TITLE: Attorney

COMPANY / AGENCY: Bradley Arant Boult Cummings LLP

ADDRESS: 1600 Division Street, Suite 700

CITY / STATE: Nashville, TN

ZIP CODE: 37203

PHONE NO.: (615) 252 - 2361

SIGNATURE: 

"FORM MUST BE SIGNED"

1. PROJECT #: CN 2008-008 PROJECT NAME: Open Arms Care Corporation d/b/a Knox County #5

2. CHECK THE ONE THAT APPLIES:

☒ I WISH TO SPEAK **IN SUPPORT** OF THE PROJECT

☐ I WISH TO SPEAK **IN OPPOSITION** OF THE PROJECT

3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT?

☒ YES

☐ NO

PURSUANT TO T.C.A. ☐ 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS **NOTICE** OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.

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MEETING DATE: June 24, 2020

NAME: George Stevens

TITLE: _____

COMPANY / AGENCY: Integra Resources

ADDRESS: 101 West Park Drive, Suite 140

CITY / STATE: Brentwood, TN

ZIP CODE: 37027

PHONE NO.: (615) 585 - 3496

SIGNATURE: 

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NAME: Richard Brown

MEETING DATE: June 24, 2020

TITLE: Director

COMPANY / AGENCY: Facilities Development Group

ADDRESS: 101 West Park Drive, Suite 140

CITY / STATE: Brentwood, TN

PHONE NO.: (615) 620 - 6272

ZIP CODE: 37027

SIGNATURE: 

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